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APPLICANTS

Douglas S. Foote, Dayton, OH;
 Rory W. MacLeod, Perthshire, UNITED KINGDOM;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged / Frantzy Poinville / Examiner's Signature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	OH	7	12 -24-----	2 11-----

ADDRESS

MICHAEL CHAN
 NCR CORPORATION
 1700 SOUTH PATTERSON BLVD
 DAYTON, OH 45479-0001
 UNITED STATES

TITLE

Self service terminal

FILING FEE RECEIVED 1462	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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